

play, sing, laugh, and dance. Unfortunately, he is immune-suppressed, and will be for the rest of his life. He takes eight medications twice daily, and must adhere to a very strict schedule to control the levels of medication in his system. Too little and he is at risk of rejecting his heart. Too much and the medications trigger kidney failure and disable his immune system, making him even more vulnerable to every germ around.

I tell Joshua's story because, quite frankly, if the health care plans being promoted by the administration and by my Democratic colleagues were to become law, I'm not confident that Josh would be here today. I know that his mother is deeply concerned that, with government-run health care, she might not have had the choice to deliver her baby or to have access to the life-saving medical procedures needed to keep him healthy and alive.

In a massive government-run bureaucracy, Americans may not have the freedom to make the individual decisions that Brittany Kraft made to bring little Joshua into this world. She was in a position to not accept the word of a doctor and was able to search across the Nation for a better chance at life for her unborn son.

While some maintain that Americans like Brittany can stay on their private plans to keep government out of Joshua's health care, they are not considering the far-reaching implications of the government plan. A government-run plan means bureaucrats make the decisions and that private insurers will be forced to follow suit to remain competitive.

There is valid concern that otherwise healthy people will flock to the cheaper government plan and that sick people will try to stay on private plans, putting private insurers out of business.

Joshua's story puts all of this in a crystal-clear context for me, and I urge all of my colleagues to remember Josh Loya as we go back home for the August recess and talk to our constituents about health care reform. Any reform must include freedom for individuals and for their doctors to make their own personal health decisions.

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PASCRELL) is recognized for 5 minutes.

Mr. PASCRELL. This is a golden opportunity right after we've heard what we've just heard. We are empathetic, but we want to dispel the misinformation. As to the gentleman who just spoke before me, I don't know what plan he is referring to. So this is what has been propagated from the other side about the health care system envisioned in America's Affordable Health Choices Act. I'm going to address that tonight.

I've heard many of my colleagues across the aisle claim that the Demo-

crats' health care proposal will result in rationing and in the loss of choice. Tonight, let me address that, because, if it did, I would not support it nor would my fellow Democrats. I've heard anecdote after anecdote from the other side about a man here or about a woman there who had to wait for care in Canada or in England, and I do empathize with their stories.

Let's be clear. Our health care plan absolutely does not envision a Canadian-style system. We're Americans. We propose an American system with choice and competition. We are not socializing medicine, and we're not rationing care. This is rhetoric designed to stir fear and to slow down efforts to bring real reform to our system. With that said, I want to share with you a story, not from Canada, not from England, not from Mars, but from right here in the United States—from Montclair, New Jersey, my district.

Jodi, one of my constituents, has been self-employed for 20 years as a dietitian. When she got divorced, she had to pay nearly \$500 a month for COBRA coverage. After a year and a half of timely payments, her plan notified her that her insurance was canceled because the automatic withdrawal from her bank account was processed a day late.

I want to be on the side of those who are going to support folks like this. I do not want to be on the side of those who will perpetuate the support of insurance companies, and that's what we're talking about here. Over the next several months, that's what we will continue to talk about.

There was no appeal available, and Jodi was not notified until 6 weeks after she lost coverage, so it was too late for her to be eligible for HIPAA, protections related to preexisting conditions. When she finally found insurance on the individual market, all of her preexisting conditions were excluded for a year.

Read the bill. When she needed blood work because she was having unexplainable weight gain, the insurance company denied coverage for her tests because of a preexisting thyroid condition even though she had never experienced these symptoms before.

Read our bill. When she had pain in her foot, the insurance company denied coverage for a doctor visit because she had been to a dermatologist 9 months prior for a wart.

What is different about this story from the stories brought to us from the other side of the aisle is that we have the numbers that prove that Jodi was not alone when she was denied the care that she needed.

If you want to talk about rationing, then let's talk about these numbers: 53 percent of Americans cut back on their health care in the last year because of costs. Between January of 2000 and this year, 5 million families filed for bankruptcy because of medical bills. About one-third of the uninsured have a chronic disease. They are six times less

likely to receive care for a health problem than are the insured.

Read the bill. There are 25 million Americans who are underinsured, which means that at least 25 million Americans face premiums, copays and deductibles that they can hardly afford. For these people, people who have insurance, price stands between them and the care they need and the treatments their doctors prescribe. Another 46 million are uninsured with no protection whatsoever from these costs. As many as 22,000 Americans die each year because they don't have health insurance. Read the bill.

That's rationing my friends. That's rationing.

As costs continue to rise, these numbers will grow and grow, so please don't preach to us about rationing. Plans offered by the other side fail to reduce the number of uninsured; they fail to rein in health care costs; and they erode the employer-provided coverage, the one mode of insurance that has kept us from slipping over the precipice.

Our bill, America's Affordable Health Choices Act, will expand access to health care; it will rein in health care costs; and it will end needless rationing in this country.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kentucky (Mr. YARMUTH) is recognized for 5 minutes.

Mr. YARMUTH. Mr. Speaker, we are on the verge of something very significant in this body and in this Congress. I am proud to join my colleagues from the Ways and Means Committee here tonight to talk about the prospects of health care reform in this country.

I heard the other day that it was in 1912 that President Teddy Roosevelt first talked about proposing a national health care system for the United States. Today, we're still the only industrialized nation that doesn't have health care for all of its citizens. We believe it's time, almost 100 years later, to try and get this accomplished for the American people.

Now, a little earlier, my colleague from Texas—my colleague, friend and classmate from college—talked about polls that are out this week that indicate that the American people have somehow turned against the President in his quest to provide health care reform in this country. But what he didn't mention was the other part of that poll, which said, once people understand what H.R. 3200 does, they overwhelmingly support it.

There have been a lot of efforts to mischaracterize what this bill does, what our proposal does. Quite frankly, we're in that sausage-making process now. We have three committees in the House that are working on health care reform. We have two committees in the Senate that are trying to accomplish the same thing, and we have a 1,000-page bill. There are thousands and thousands of pages of legislation that are designed to finally build a kind of health care system that is responsive to the needs of the American citizens and, more importantly, that is responsive to the Nation, its future and its economy.

So I'm not surprised that Americans are a little bit uncertain about what we're doing here, because, again, we're still in that process; but I can assure the people watching tonight, the American public, that the battle lines are about to be drawn. This bill is going to come into focus as the final committee of three in our House reports the legislation out. Over the next month, we will take the argument to the American people. We're very confident that, once the American people understand what we're doing and how we're going to improve their situations, they will overwhelmingly support our proposal.

What the American people want—and what my constituents in Louisville, Kentucky want, what the constituents in New Jersey, in Washington, in New York, and in California all want—is basically the same thing: they want security for life in health care for themselves and for their families. If they're going to lose their jobs, if they're going to lose their coverage, if they want to change jobs, if they want to go back to school or if they want to make those important life decisions, they want the stability of insurance so they don't have to worry about whether a preexisting condition or something in their health histories will prevent them from being covered. They won't have to worry about getting sick and about having their policies rescinded, as we've heard much evidence about. Most importantly, they will be able to go to sleep every night knowing that a disease or an illness will not bankrupt them and will not change their standard of living.

These are the things we're about to do for the American people, for ourselves as well, because we know, as the Republicans know, if we accomplish this major, major goal, we will have the everlasting appreciation of the American public. We know that because the Republicans have said it.

We heard a Senator the other day say, Well, if we can defeat health care reform, it will be President Obama's Waterloo. He will be finished.

We know from a Republican consultant, Frank Luntz, of his memo 3 months ago, which states, We cannot afford to let the Democrats succeed on getting health care reform. We have no answer to that, but we've got to stop it at all costs.

That's what they've been trying to do. They've been talking about things that are nowhere in the bill. They've been talking about comparisons with Canada, which, by the way, is the only country in the world that does health care the way they do it. As I asked a witness at one of our hearings in Ways and Means: Other than hockey, what have we ever copied from Canada?

□ 1915

We can do something very special in this country. We can create a unique American solution that will bring choice and competition—the two things that have characterized American society throughout its history—to our health care environment by using choice and competition, by creating a public option for American citizens to participate in that will compete with private insurance companies. We can make private insurance companies better, and we can make health insurance more affordable for every American.

This is our goal. This is what we know that H.R. 3200 will do, and we look forward, over the next month, in taking this argument to the American people, because the case we have is a winning case. The hand we have is a winning hand, and we know that the American people will embrace what we are attempting to do.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mrs. BACHMANN) is recognized for 5 minutes. (Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WAYS AND MEANS HEALTH REFORM BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

Mr. MCDERMOTT. Mr. Speaker, health care reform may be the single most important issue Members will vote on during their entire legislative career. The issue affects every American. Health care affects our economy at home and our ability to compete internationally.

For the first time in almost 20 years, we have a real opportunity to solve America's health care crisis, and the American people have spoken clearly and overwhelmingly that they want Congress to produce a solution that puts the American people's interests ahead of special interests.

To say there is urgency in what we need to do is an understatement, and for the last several months, the three committees in the House have been working separately and collaboratively on health care legislation. Two of the committees, including the Ways and Means Committee where I serve, reported bills out of committee to the

floor. And I want to explain why the Ways and Means Committee's bill is the best bill and is vital to the success of health care reform.

Let's start with Medicare.

For senior citizens, Medicare is health security. The program is so effectively managed that 97 cents of every dollar goes for patient care, and that means it's 97 percent efficient. In many private insurance company programs, 40 cents of every dollar simply goes for overhead, advertising, paper, not delivering health care. So the smart choice is to develop health care legislation based on a proven model, and that's what we did in the Ways and Means Committee.

A new model with a strong public option based on the Medicare model, which has delivered quality health care to seniors and a very comfortable living to doctors and other medical professionals across this country, that's what we need today.

Without a strong public option, health care reform is just a slogan. And without real cost control, health care reform is just another press release. America spends twice as much on health care as any other industrialized nation in the world, and runaway costs are bankrupting average Americans and consuming an even greater part of our gross domestic product than before. The situation is unsustainable.

Now, we talk about the need to address preexisting conditions when it comes to health care, and we should. But runaway costs are a preexisting economic condition we must fix in the new legislation or we're setting ourselves up for failure.

Recent changes to the legislation have scrapped the proven legislative effective and fair model we have in Medicare and substituted negotiated rates making the government negotiate with doctors. On the surface, it may look fair, but looks can be deceiving. The private sector has had decades of opportunities to make health care work, and the economic wreckage of that is everywhere to be seen. Now they want more.

The legislation now would call for negotiations. Let me tell you what that means. So-called negotiated rates do not limit what can be charged or the rate of increase each year. A public option tied to Medicare is the only way to control the costs; otherwise, health care costs will keep going up and Americans will keep getting left out.

While the rich can always take care of themselves—health care at any price—the middle class and the disadvantaged will remain one accident or illness away from financial ruin in the richest country in the world. That sounds like the status quo, right? We don't need any more of that.

Under the chairmanship of CHARLIE RANGEL, the Ways and Means Committee tackled these tough issues and produced health care reform legislation that's fair for providers and affordable for the American people.